

413

CERTIFICATE OF DEATH

REGISTRAR'S NO. 232

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. LENGTH OF STAY

IN THIS TOWN

23 yrs.

IN ARIZONA

23 yrs.

C. CITY

OR

TOWN

Phoenix

☐ IN CITY LIMITS☒ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4148 N. 31 Dr.

2. USUAL RESIDENCE

(WHERE DECEASED LIVED.

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Maricopa

C. CITY

OR

TOWN

Phoenix

☐ IN CITY LIMITS☒ OUTSIDE CITY LIMITS

D. STREET ADDRESS

(IF RURAL, GIVE LOCATION)

4148 N. 31 Dr.

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

(TYPE OR PRINT)

Dwight

L. Moody

Pickett

4. SEX

Male

5. COLOR OR RACE

White

6A. MARRIED, NEVER MARRIED,

WIDOWED, DIVORCED (SPECIFY)

Married

6B. NAME OF SPOUSE

Beatrice

Pickett

7. DATE OF BIRTH

MONTH

DAY

YEAR

May

18

1895

8. AGE (IN YEARS

LAST BIRTHDAY)

59

IF UNDER 1 YEAR

MONTHS

DAYS

IF UNDER 24 HRS.

HOURS

MIN.

9A. USUAL OCCUPATION (GIVE KIND OF

WORK DURING MOST OF LIFE EVEN IF RETIRED)

Operating Engineer

9B. KIND OF BUSINESS OR INDUSTRY

Engineer

10. BIRTHPLACE (STATE

OR FOREIGN COUNTRY)

Ill.

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

Yes.

World War I

13. SOCIAL SECURITY NO.

UNK.

14A. FATHER'S NAME

Wm. Granville Pickett

14B. BIRTHPLACE (STATE OR COUNTRY)

Ill.

15A. MOTHER'S MAIDEN NAME

Harriett Allan

15B. BIRTHPLACE (STATE OR COUNTRY)

Ill.

16. INFORMANT'S SIGNATURE

Beatrice Pickett

ADDRESS

Phoenix

17. DATE OF DEATH

Jan. 22, 1955

(MONTH)

(DAY)

(YEAR)

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

MEDICAL CERTIFICATION

(A) MASSIVE CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

7:30 am 1/22/55

20. AUTOPSY?

YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

ALIVE ON January 22, 1955, AND THAT DEATH OCCURRED AT

22A. SIGNATURE (DEGREE OR TITLE)

22B. ADDRESS

22C. DATE SIGNED

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. CITY OR TOWN (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE

25C. NAME OF CEMETERY OR CREMATORY

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

26A. DATE REC. BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS

A. L. MOORE & SONS PHOENIX, ARIZONA